



Membership Application

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theatreab@theatrealberta.com / www.theatrealberta.com

MAIN CONTACT

Last Name (or Organization Name) _____

First Name (or Contact Name) _____

Address _____

City _____ Province _____ Postal Code _____

Home () _____ Work () _____ Cell () _____

Fax () _____ Email _____

Preferred method of correspondence:
 Regular Mail Email

- Please specify how Theatre Alberta can use your contact information:
- You may release my contact information with *no prior consent*.
 - You may release my phone number(s) and email address(es) only with *no prior consent*.
 - You may release my email address(es) only with *no prior consent*.
 - You may release my contact information *only with prior consent*.
 - You may not at any time release my contact information.

For more information, please view our privacy policy online at www.theatrealberta.com/PrivacyPolicy.htm

SECOND CONTACT (for group membership only, also receives library privileges)

Last Name _____ First Name _____

Address _____

City _____ Province _____ Postal Code _____

Home () _____ Work () _____ Cell () _____

Fax () _____ Email _____

- AFFILIATIONS** (please check all that apply): CAEA IATSE ACTRA APN
- School (please specify) _____
- Theatre (please specify) _____
- Other (please specify) _____

MEMBERSHIP FEES

Individual Memberships

I am: Professional Artist Emerging Artist Community Theatre Artist Teacher Other _____

I would like a: Student/Senior membership for \$20 (1 year) \$30 (2 years)

Individual membership for \$35 (1 year) \$60 (2 years)

Please add: A general membership to Alberta Playwrights' Network \$15 (1 year) \$30 (2 years)

Group Memberships – Required Information

We are: Professional/Union Professional/Non-Union Educational Institution Community Theatre

We would like a: Group A (annual operation budget under \$10,000/year) for \$60 (1 year) \$100 (2 years)

Group B (annual operation budget under \$100,000/year) for \$85 (1 year) \$150 (2 years)

Group C (annual operation budget over \$100,000/year) for \$110 (1 year) \$200 (2 years)

Donations – Thank You! Please add a donation to Theatre Alberta for: _____
Charitable Registration Number 10669 3039 RR0001

\$
Total Enclosed

METHOD OF PAYMENT Cash Cheque (payable to Theatre Alberta) Debit VISA MasterCard

Card # _____ Expiration Date _____

Cardholder Name _____ Cardholder Signature _____

FOR OFFICE USE ONLY	Receipt #	Client Code	PIN	Expiry
	L4U	SIN: DB	Info Pack	New / Renewal

Membership information is collected by Theatre Alberta for communication and marketing purposes only. Membership information is considered confidential and is not released to third parties without consulting the information above, or obtaining consent if that information is not provided, the exception being contact information for group members that would be readily available to the public via the internet, telephone directories, etc. Sept 10